

Fill in this information to identify your case:

Case:21-40001-EJC Doc#:1 Filed:01/04/21 Entered:01/04/21 11:33:48 Page:1 of 65

United States Bankruptcy Court for the:

Southern District of Georgia

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name**

Genesis Vascular of Pooler, LLC

**2. All other names debtor used in the last 8 years**

Genesis Vascular of Pooler

Genesis Pooler

Include any assumed names, trade names, and *doing business as* names

**3. Debtor's federal Employer Identification Number (EIN)**

47-2676935

**4. Debtor's address**

**Principal place of business**

1000 Towne Center Blvd.

Number Street

Building 400

Pooler

GA

31322

City

State

ZIP Code

Chatham County

County

**Mailing address, if different from principal place of business**

1000 Towne Center Blvd.

Number Street

Building 400

P.O. Box

Pooler

GA

31322

City

State

ZIP Code

**Location of principal assets, if different from principal place of business**

Number Street

City

State

ZIP Code

**5. Debtor's website (URL)**

genesisghc.com

**6. Type of debtor**

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor	Genesis Vascular of Pooler, LLC Name	Case number (if known)
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**7. Describe debtor's business**

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

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B. Check all that apply:

Tax-exempt entity (as described in 26 U.S.C. § 501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

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C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

6213

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**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

Chapter 7  
 Chapter 9  
 Chapter 11. Check all that apply:

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under **Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

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**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

No  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

If more than 2 cases, attach a separate list.

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**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No  
 Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
 MM / DD / YYYY  
 Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

Debtor Genesis Vascular of Pooler, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

**11. Why is the case filed in this district?** *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

### Statistical and administrative information

**13. Debtor's estimation of available funds** *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**15. Estimated assets**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor	Genesis Vascular of Pooler, LLC Name	Case number (if known)												
<b>16. Estimated liabilities</b> <table border="0"> <tr> <td><input type="checkbox"/> \$0-\$50,000</td> <td><input checked="" type="checkbox"/> \$1,000,001-\$10 million</td> <td><input type="checkbox"/> \$500,000,001-\$1 billion</td> </tr> <tr> <td><input type="checkbox"/> \$50,001-\$100,000</td> <td><input type="checkbox"/> \$10,000,001-\$50 million</td> <td><input type="checkbox"/> \$1,000,000,001-\$10 billion</td> </tr> <tr> <td><input type="checkbox"/> \$100,001-\$500,000</td> <td><input type="checkbox"/> \$50,000,001-\$100 million</td> <td><input type="checkbox"/> \$10,000,000,001-\$50 billion</td> </tr> <tr> <td><input type="checkbox"/> \$500,001-\$1 million</td> <td><input type="checkbox"/> \$100,000,001-\$500 million</td> <td><input type="checkbox"/> More than \$50 billion</td> </tr> </table>			<input type="checkbox"/> \$0-\$50,000	<input checked="" type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion	<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion	<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion	<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion
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<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion												
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion												

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor** The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/04/2021  
MM / DD / YYYY

/s/ Howard Gale, M.D.

Signature of authorized representative of debtor

Howard Gale, M.D.

Printed name

Title Corporate Representative

**18. Signature of attorney**

/s/ Jon Levis

Signature of attorney for debtor

Date 01/04/2021

MM / DD / YYYY

Jon Levis

Printed name

Merrill & Stone LLC

Firm name

Post Office Box 129

Number Street

Swainsboro

City

GA      30401

State      ZIP Code

478-237-7029

Contact phone

levis@merrillstone.com

Email address

448848

Bar number

GA

State

## Fill in this information to identify the case:

Debtor name	Genesis Vascular of Pooler, LLC
United States Bankruptcy Court for the:	Southern District of Georgia
Case number (If known):	(State)

Check if this is an amended filing

## Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

## Part 1: Summary of Assets

## 1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

## 1a. Real property:

Copy line 88 from Schedule A/B .....

\$ 0.00

## 1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$ 197,217.98

## 1c. Total of all property:

Copy line 92 from Schedule A/B .....

\$ 197,217.98

## Part 2: Summary of Liabilities

## 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D .....

\$ 99,907.67

## 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

## 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 6a of Schedule E/F.....

\$ 25,133.25

## 3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 6b of Schedule E/F.....

+\$ 1,035,414.54

## 4. Total liabilities.....

Lines 2 + 3a + 3b

\$ 1,160,455.46

## Fill in this information to identify the case:

Debtor name	Genesis Vascular of Pooler, LLC
United States Bankruptcy Court for the:	Southern District of Georgia
Case number (if known):	

Check if this is an amended filing

## Official Form 204

## Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 Nextgen Healthcare Information Systems, LLC f/k/a Nextgen Healthcare Information Systems, Inc. c/o Paul N. Andonian, Esq. 159810 Ventura Blvd., 12th Floor Encino, CA, 91436		Services	Disputed			202,266.08
2 Boston Scientific Corporation Post Office Box 786205 Philadelphia, PA, 19178-6205		Suppliers or Vendors	Disputed			138,323.48
3 Pepper Hamilton, LLP 19th Floor, High Street Tower 125 High Street Boston, MA, 02110-2736		Services				136,725.72
4 Morris, Manning & Martin, LLP 1600 Atlanta Financial Center 3343 Peachtree Road, NE Atlanta, GA, 30326-1044		Services				84,771.15
5 Cardiovascular Systems, Inc. Dept. CH 19348 Palatine, IL, 60055-9348		Suppliers or Vendors				59,766.15
6 The Spectranetics Corp/Phillips Dept. CH 19038 Palatine, IL, 60055-9038		Suppliers or Vendors				59,652.50
7 Genesis Healthcare Management 575 Rt. 73 North Suite A6 West Berlin, NJ, 08091		Services				56,920.71
8 Abbott Vascular 75 Remittance Drive Suite 1138 Chicago, IL, 60675-1138		Suppliers or Vendors				47,174.90

Debtor	Genesis Vascular of Pooler, LLC Name	Case number (if known)				
Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9 Embark Properties VII, LLC 7 Dockside Drive Savannah, GA, 31410		Rent & CAM				42,797.96
10 AMI Healthcare Management 19785 Crystal Rock Drive Suite 307 Germantown, MD, 20874		Services				32,105.99
11 Crowder Stewart, LLP Post Office Box 160 Augusta, GA, 30903		Services				26,875.00
12 Wellcare of Georgia, Inc. Attn: Claim Refunds Post Office Box 8500-7296 Philadelphia, PA, 19178-7296		over payment of claims				26,087.00
13 Medtronic 4642 Collection Center Drive Chicago, IL, 60693-0046		Suppliers or Vendors				16,179.35
14 Real Op Investments 504 Rhett Street Suite 200 Greenville, SC, 29601		Past Due Rent & CAM Fees				15,000.00
15 Masergy Cloud Communications, Inc. Post Office Box 733939 Dallas, TX, 75373-3939		Telephone / Internet services				9,858.78
16 All About Medical Transport 1306 Heidt Avenue Suite D Savannah, GA, 31408		Services				8,754.05
17 Momentum Digital, LLC 1010 N. Hancock Street Philadelphia, PA, 19123						7,800.00
18 Terumo Post Office Box 930299 Atlanta, GA, 31193-0299		Suppliers or Vendors				7,358.91
19 BioMedix 2025 Centre Pointe Blvd. Suite 200 Saint Paul, MN, 55120		Suppliers or Vendors				6,771.81
20 ZOG, Inc. 595 Bethlehem Pike Suite 404 Montgomeryville, PA, 18936						5,943.00

Fill in this information to identify the case:

Debtor name	Genesis Vascular of Pooler, LLC
United States Bankruptcy Court for the:	Southern District of Georgia
Case number (If known):	

Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2. Cash on hand			\$ _____
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	_____	\$ _____
3.2. _____	_____	_____	\$ _____
4. Other cash equivalents (Identify all)			
4.1. _____	_____		\$ _____
4.2. _____	_____		\$ _____
5. Total of Part 1			\$ _____

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and prepayments**

## 6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.  
 Yes. Fill in the information below.

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	Current value of debtor's interest
7.1. _____	\$ _____
7.2. _____	\$ _____

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

No. Go to Part 4.  
 Yes. Fill in the information below.

**Current value of debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ face amount = ..... → \$ \_\_\_\_\_  
 doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ face amount = ..... → \$ \_\_\_\_\_  
 doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ \_\_\_\_\_

**Part 4: Investments**

**13. Does the debtor own any investments?**

No. Go to Part 5.  
 Yes. Fill in the information below.

**Valuation method used for current value**

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership:

15.1. \_\_\_\_\_ % \$ \_\_\_\_\_  
 15.2. \_\_\_\_\_ % \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.  
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**20. Work in progress**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**21. Finished goods, including goods held for resale**

\_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_ \$ \_\_\_\_\_

**22. Other inventory or supplies**

Medical Supplies - See Exh. "A" Attached Hereto 03/01/2020 Price per unit based on \$ 68,781.98  
 \_\_\_\_\_ MM / DD / YYYY \$ \_\_\_\_\_

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

68,781.98  
 \$ \_\_\_\_\_

**24. Is any of the property listed in Part 5 perishable?**

No  
 Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**28. Crops—either planted or harvested**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**29. Farm animals** Examples: Livestock, poultry, farm-raised fish

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**30. Farm machinery and equipment** (Other than titled motor vehicles)

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**31. Farm and fishing supplies, chemicals, and feed**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**32. Other farming and fishing-related property not already listed in Part 6**

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**

No

Yes. Is any of the debtor's property stored at the cooperative?

No

Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

No

Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

No

Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

No

Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> Office furniture - See Exhibit "B" attached hereto	\$ 5,325.00		\$ 5,325.00
40. <b>Office fixtures</b>	\$ _____		\$ _____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> Office equipment - See Exhibit "B" attached hereto.	\$ 53,111.00		\$ 53,111.00
42. <b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____
43. <b>Total of Part 7.</b> Add lines 39 through 42. Copy the total to line 86.			\$ 58,436.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No

Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No

Yes

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

**49. Aircraft and accessories**

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment  
(excluding farm machinery and equipment)**

See continuation sheet

\$ 70,000.00 \_\_\_\_\_ \$ 70,000.00

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$ 70,000.00

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

No  
 Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No  
 Yes

**Part 9: Real property**

**54. Does the debtor own or lease any real property?**

No. Go to Part 10.  
 Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Leased property located at 1000 Towne Center Blvd., Building 400, Pooler, GA		\$ _____		\$ 0.00
55.1				
55.2		\$ _____		\$ _____
55.3		\$ _____		\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

0.00  
 \$ \_\_\_\_\_

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

No  
 Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

No  
 Yes

**Part 10: Intangibles and intellectual property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Trademark	\$ _____		0.00 \$ _____
61. Internet domain names and websites Website	\$ _____		0.00 \$ _____
62. Licenses, franchises, and royalties	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations Patient Medical Records	\$ _____		0.00 \$ _____
64. Other intangibles, or intellectual property	\$ _____		\$ _____
65. Goodwill Goodwill	\$ _____		Unknown \$ _____
66. Total of Part 10.			0.00 \$ _____

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ - Total face amount      →      doubtful or uncollectible amount      \$ \_\_\_\_\_

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Counter Claim Against Nextgen Healthcare Information Systems, LL

\$ 0.00

**Nature of claim** Counter Claims

**Amount requested** \$ 1.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

**Nature of claim** \_\_\_\_\_

**Amount requested** \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No  
 Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 0.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 68,781.98	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 58,436.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 70,000.00	
88. Real property. Copy line 56, Part 9. . . . .	\$ 0.00	→ \$ 0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00	
90. All other assets. Copy line 78, Part 11.	\$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 197,217.98	91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	197,217.98	\$ 197,217.98

**Continuation Sheet for Official Form 206 A/B****50) Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

VenaCure 1470 Laser	20,000.00	20,000.00
C-Arm Ziehm Vision RFD Hybird Edition Mobile C-Arm x-Ray Machine	50,000.00	50,000.00

Fill in this information to identify the case:

Debtor name	Genesis Vascular of Pooler, LLC
United States Bankruptcy Court for the:	<u>Southern District of Georgia</u>
Case number (If known):	_____

Check if this is an amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

## 2.1 Creditor's name

AngioDynamics Finance

## Describe debtor's property that is subject to a lien

VenaCure 1470 Laser

## Column A

## Amount of claim

Do not deduct the value of collateral.

## Column B

## Value of collateral that supports this claim

\$ 8,998.41

\$ 20,000.00

## Creditor's mailing address

7808 Creekridge Circle

Suite 250, Minneapolis, MN 55439

## Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

-001

## Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor,

## Describe the lien

## Is the creditor an insider or related party?

No

Yes

## Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

## As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

## 2.2 Creditor's name

Sea Island Bank div Synovus Bank

## Describe debtor's property that is subject to a lien

C-Arm Ziehm Vision RFD Hybird Edition  
Mobile C-Arm x-Ray Machine

\$ 90,909.26

\$ 50,000.00

## Creditor's mailing address

1148 Broadway

Columbus, GA 31901

## Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

1/10

## Describe the lien

## Do multiple creditors have an interest in the same property?

 No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.

## Is the creditor an insider or related party?

No

Yes

## Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

## As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

## 3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 99,907.67

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor	Genesis Vascular of Pooler, LLC
United States Bankruptcy Court for the:	Southern District of Georgia
Case number (If known)	

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<b>Priority creditor's name and mailing address</b> Chatham County Board of Assessors Post Office Box 9786 Savannah, GA, 31412-9786	<b>As of the petition filing date, the claim is:</b> <u>\$ 7,854.04</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ _____
	<b>Date or dates debt was incurred</b> 2020	<b>Basis for the claim:</b> Taxes & Other Government Units	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</b>		
2.2	<b>Priority creditor's name and mailing address</b> Chatham County Tax Commissioner 222 W. Oglethorpe Avenue Suite 107 Savannah, GA, 31401	<b>As of the petition filing date, the claim is:</b> <u>\$ 9,348.01</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ _____
	<b>Date or dates debt was incurred</b> 2019	<b>Basis for the claim:</b> Taxes & Other Government Units	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</b>		
2.3	<b>Priority creditor's name and mailing address</b> Chatham County Tax Commissioner Post Office Box 9827 Savannah, GA, 31412	<b>As of the petition filing date, the claim is:</b> <u>\$ 7,830.37</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ _____
	<b>Date or dates debt was incurred</b> 2020	<b>Basis for the claim:</b> Taxes & Other Government Units	
	<b>Last 4 digits of account number</b> _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</b>		

## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2. <sup>4</sup> Priority creditor's name and mailing address Internal Revenue Service Ogden, UT, 84201-0102	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 100.83	\$ _____
Date or dates debt was incurred 2019	Basis for the claim: Taxes & Other Government Units		
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim: _____		
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim: _____		
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			
2. Priority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
Date or dates debt was incurred	Basis for the claim: _____		
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> A.S.R.S. Inc. Post Office Box 14651 Savannah, GA, 31416	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<u>\$ 2,683.50</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> Abbott Vascular 75 Remittance Drive Suite 1138 Chicago, IL, 60675-1138	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> <u>1000209509</u>	<u>\$ 47,174.90</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> Advance Medical Designs, Inc. 1241 Atlanta Industrial Drive Marietta, GA, 30066	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<u>\$ 1,053.00</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> All About Medical Transport 1306 Heidt Avenue Suite D Savannah, GA, 31408	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<u>\$ 8,754.05</u>
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> AMI Healthcare Management 19785 Crystal Rock Drive Suite 307 Germantown, MD, 20874	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<u>\$ 32,105.99</u>
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> Angio Advancements, LLC Post Office Box 7125  Fort Myers, FL, 33911	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<u>\$ 2,979.00</u>

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>7</sup>	Nonpriority creditor's name and mailing address  AngioDynamics, Inc. Post Office Box 1549 Albany, NY, 12201-1549	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 3,801.45
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>8</sup>	Nonpriority creditor's name and mailing address  BioMedix 2025 Centre Pointe Blvd. Suite 200 Saint Paul, MN, 55120	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 6,771.81
Date or dates debt was incurred _____ Last 4 digits of account number 15819		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>9</sup>	Nonpriority creditor's name and mailing address  Boston Scientific Corporation Post Office Box 786205 Philadelphia, PA, 19178-6205	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 138,323.48
Date or dates debt was incurred _____ Last 4 digits of account number 448107		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>10</sup>	Nonpriority creditor's name and mailing address  Bracco Diagnostics, Inc. Post Office Box 978952 Dallas, TX, 75397-8952	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim:	\$ 552.02
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>11</sup>	Nonpriority creditor's name and mailing address  C-III, Godley Station c/o C-III Asset Management, LLC 5221 N. O'Connor Blvd., Ste. 600 Irving, TX, 75039	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Lease Payments	\$ 0.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>12</sup>	Nonpriority creditor's name and mailing address  Cardinal Health Post Office Box 13862 Newark, NJ, 07188-0862	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 2,271.93
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>13</sup>	Nonpriority creditor's name and mailing address  Cardiovascular Systems, Inc. Dept. CH 19348 Palatine, IL, 60055-9348	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 59,766.15
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>14</sup>	Nonpriority creditor's name and mailing address  Change Healthcare Post Office Box 572490 Murray, UT, 84157-2490	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 474.00
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>15</sup>	Nonpriority creditor's name and mailing address  City of Pooler 100 US Highway 80 SW Pooler, GA, 31322-2530	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Utility Services	\$ 284.82
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3. <sup>16</sup>	Nonpriority creditor's name and mailing address  Crowder Stewart, LLP Post Office Box 160 Augusta, GA, 30903	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 26,875.00
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>17</sup>	Nonpriority creditor's name and mailing address  CT Corporation Post Office Box 4349 Carol Stream, IL, 60197-4349	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,172.00
		Basis for the claim: Services	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date or dates debt was incurred _____ Last 4 digits of account number 11357925		
3. <sup>18</sup>	Nonpriority creditor's name and mailing address  DRJRD, LLC 1321 Chuck Dawley Blvd. Suite 102 Mount Pleasantor Pooler, SC, 29464-6131	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,540.00
		Basis for the claim:	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>19</sup>	Nonpriority creditor's name and mailing address  E. Jerry Cohn, Jr., M.D. & Sharon Bell c/o James D. Durham, Esq. 102 East Liberty Street Savannah, GA, 31401	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1.00
		Basis for the claim: False Claim	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>20</sup>	Nonpriority creditor's name and mailing address  eClinicalWorks Post Office Box 847950 Boston, MA, 02284-7950	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,405.00
		Basis for the claim: Electronic Medical Records	
	Date or dates debt was incurred _____ Last 4 digits of account number 24395	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>21</sup>	Nonpriority creditor's name and mailing address  Embark Properties VII, LLC 7 Dockside Drive Savannah, GA, 31410	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 42,797.96
		Basis for the claim: Rent & CAM	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>22</sup>	Nonpriority creditor's name and mailing address  Farmer Insurance Post Office Box 1139 Draper, UT, 84020-1139	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Worker's Compensation Policy	\$ 3,455.00
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>23</sup>	Nonpriority creditor's name and mailing address  Farmers Insurance 6301 Owensmouth Avenue Woodland Hills, CA, 91367	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Workman's Comp. Insurance	\$ 395.90
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>24</sup>	Nonpriority creditor's name and mailing address  Genesis Healthcare Management 575 Rt. 73 North Suite A6 West Berlin, NJ, 08091	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 56,920.71
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>25</sup>	Nonpriority creditor's name and mailing address  Georgia Power 96 Annex Atlanta, GA, 30396-0001	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Utility Services	\$ 1,481.24
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>26</sup>	Nonpriority creditor's name and mailing address  Hargray Post Office Box 2000 Hilton Head Island, SC, 29938-2000	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Telephone / Internet services	\$ 2,615.78
	Date or dates debt was incurred  Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>27</sup>	Nonpriority creditor's name and mailing address  Heritage Business Systems, Inc. Post Office Box 684 Pennsauken, NJ, 08110	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 389.27
		Basis for the claim:	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____ Last 4 digits of account number _____			
3. <sup>28</sup>	Nonpriority creditor's name and mailing address  Kabat Chapman & Ozmer, LLP 171 17th Street, NW Suite 1550 Atlanta, GA, 30363	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,216.00
		Basis for the claim: Services	
Date or dates debt was incurred _____ Last 4 digits of account number 001152		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>29</sup>	Nonpriority creditor's name and mailing address  Masergy Cloud Communications, Inc. Post Office Box 733939 Dallas, TX, 75373-3939	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 9,858.78
		Basis for the claim: Telephone / Internet services	
Date or dates debt was incurred _____ Last 4 digits of account number 434091		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>30</sup>	Nonpriority creditor's name and mailing address  Medtronic 4642 Collection Center Drive Chicago, IL, 60693-0046	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 16,179.35
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>31</sup>	Nonpriority creditor's name and mailing address  Merit Medical Post Office Box 204842 Dallas, TX, 75320-4842	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,659.83
		Basis for the claim: Suppliers or Vendors	
Date or dates debt was incurred _____ Last 4 digits of account number 177737		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>32</sup>	Nonpriority creditor's name and mailing address  Momentum Digital, LLC 1010 N. Hancock Street Philadelphia, PA, 19123	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,800.00
Date or dates debt was incurred _____		Basis for the claim:	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>33</sup>	Nonpriority creditor's name and mailing address  Morris, Manning & Martin, LLP 1600 Atlanta Financial Center 3343 Peachtree Road, NE Atlanta, GA, 30326-1044	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 84,771.15
Date or dates debt was incurred _____		Basis for the claim: Services	
Last 4 digits of account number 35646		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>34</sup>	Nonpriority creditor's name and mailing address  Morris, Manning & Martin, LLP 24 Drayton Street Suite 712 Savannah, GA, 31401	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,366.28
Date or dates debt was incurred _____		Basis for the claim: Services	
Last 4 digits of account number 712746		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>35</sup>	Nonpriority creditor's name and mailing address  Nextgen Healthcare Information Systems, LLC f/k/a Nextgen Healthcare Information Systems, Inc. c/o Paul N. Andonian, Esq. 159810 Ventura Blvd., 12th Floor Encino, CA, 91436	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 202,266.08
Date or dates debt was incurred _____		Basis for the claim: Services	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>36</sup>	Nonpriority creditor's name and mailing address  Pepper Hamilton, LLP 19th Floor, High Street Tower 125 High Street Boston, MA, 02110-2736	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 136,725.72
Date or dates debt was incurred _____		Basis for the claim: Services	
Last 4 digits of account number 144021		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>37</sup>	Nonpriority creditor's name and mailing address  Primepoint, LLC 2 Springside Road Mount Holly, NJ, 08060	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 35.00
		Basis for the claim:	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3. <sup>38</sup>	Nonpriority creditor's name and mailing address  Real Op Investments 504 Rhett Street Suite 200 Greenville, SC, 29601	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,000.00
		Basis for the claim: Past Due Rent & CAM Fees	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3. <sup>39</sup>	Nonpriority creditor's name and mailing address  Sci Image 4916 El Camino Real Suite 200 Los Altos, CA, 94022	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,800.00
		Basis for the claim:	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3. <sup>40</sup>	Nonpriority creditor's name and mailing address  Stericycle, Inc. Post Office Box 6582 Carol Stream, IL, 60197-6582	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,922.78
		Basis for the claim: Services	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number 8277229-001			
3. <sup>41</sup>	Nonpriority creditor's name and mailing address  STUDIO27 Print & Design 1 Parker Avenue Suite 3306 Philadelphia, PA, 19128	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 847.17
		Basis for the claim:	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>42</sup>	Nonpriority creditor's name and mailing address  Sunshine Communication Services 159 Madeira Avenue  Miami, FL, 33134	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Telephone / Internet services	\$ 114.90
	Date or dates debt was incurred _____ Last 4 digits of account number 37921	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>43</sup>	Nonpriority creditor's name and mailing address  Synovus Bank ODP Dept. Post Office Box 120 Columbus, GA, 31901	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Overdrawn Bank Account	\$ 1,426.71
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>44</sup>	Nonpriority creditor's name and mailing address  Terumo Post Office Box 930299 Atlanta, GA, 31193-0299	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 7,358.91
	Date or dates debt was incurred _____ Last 4 digits of account number 56319	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>45</sup>	Nonpriority creditor's name and mailing address  The Corland Group Post Office Box 2357 Waycross, GA, 31502	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Services	\$ 525.00
	Date or dates debt was incurred _____ Last 4 digits of account number xVP001	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. <sup>46</sup>	Nonpriority creditor's name and mailing address  The Spectranetics Corp/Phillips Dept. CH 19038 Palatine, IL, 60055-9038	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Suppliers or Vendors	\$ 59,652.50
	Date or dates debt was incurred _____ Last 4 digits of account number 21625	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. <sup>47</sup>	Nonpriority creditor's name and mailing address  Trilogy Medwaste Southeast, LLC 8554 Katy Freeway Suite 200 Houston, TX, 77024	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 128.00
		Basis for the claim:	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3. <sup>48</sup>	Nonpriority creditor's name and mailing address  Trotter Jones, LLP 3527 Walton Way Ext. Augusta, GA, 30909-1821	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 837.94
		Basis for the claim:	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3. <sup>49</sup>	Nonpriority creditor's name and mailing address  Uber HQ 1455 Market Street #400 San Francisco, CA, 94103	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 847.48
		Basis for the claim:	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
3. <sup>50</sup>	Nonpriority creditor's name and mailing address  Wellcare of Georgia, Inc. Attn: Claim Refunds Post Office Box 8500-7296 Philadelphia, PA, 19178-7296	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 26,087.00
		Basis for the claim: over payment of claims	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number 598591 GMR			
3. <sup>51</sup>	Nonpriority creditor's name and mailing address  ZOG, Inc. 595 Bethlehem Pike Suite 404 Montgomeryville, PA, 18936	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,943.00
		Basis for the claim:	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Abbott Laboratories, Inc. 100 Abbott Park Road North Chicago, IL, 60064-3500	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain:	<u>9509</u>
4.2.	Abbott Laboratories, Inc. 22400 Network Place Chicago, IL, 60673-1224	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain	
4.3.	Access Receivables 11350 McCormick Road, EPIII Suite 800 Hunt Valley, MD, 21031	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain	<u>4091</u>
4.4.	Angio Advancements, LLC 134 S. Charles Richard Beall Blvd. Debary, FL, 32713	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain	
4.1.	Boston Scientific Corporation 100 Boston Scientific Way Marlborough, MA, 01752	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain	
4.5.	C-III, Godley Station c/o NAI Mopper Benton 1400 W. Northwood Greensboro, NC, 27408	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain	
4.6.	CCC of NY Post Office Box 288 Tonawanda, NY, 14151-0288	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain	<u>8762</u>
4.7.	Change Healthcare 5995 Windward Parkway MSTP 4901 Alpharetta, GA, 30005	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain	<u>7895</u>
4.8.	Charles C. Grile, Esq. Attorney At Law Post Office Box 663 Pooler, GA, 31322	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain	
4.9.	Chatham County Personal Property Post Office Box 6582 Carol Stream, IL, 60197-6582	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain	<u>6259</u>
4.10.	Collection Agency Post Office Box 17221 Wilmington, DE, 19850	Line <u>3.43</u> <input type="checkbox"/> Not listed. Explain	
4.11.	David J. Gengler, Esq. 4650 N. Port Washington Road Washington Bldg., 2nd Floor Milwaukee, WI, 53212-1059	Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain	

## Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. <sup>13</sup>	eClinicalWorks Two Technology Drive Westborough, MA, 01581	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain	<u>4395</u>
4. <sup>14</sup>	Farmers Insurance Post Office Box 4665 Carol Stream, IL, 60197-4665	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain	<u>0001</u>
4. <sup>15</sup>	Georgia Power BIN #10102 241 Ralph McGil Blvd. Atlanta, GA, 30308-3374	Line <u>3.25</u> <input type="checkbox"/> Not listed. Explain	<u>3056</u>
4. <sup>16</sup>	Greenberg, Grant & Richards, Inc. Corporate Headquarters 5858 Westheimer Rd, Suite 500 Houston, TX, 77057	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain	<u>5819</u>
4. <sup>17</sup>	Hargray Remittance Center Post Office Box 100116 Columbia, SC, 29202-3116	Line <u>3.26</u> <input type="checkbox"/> Not listed. Explain	<u>2256</u>
4. <sup>18</sup>	J.S. Braddock Agency 22 North Main Street Medford, NJ, 08055	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain	
4. <sup>19</sup>	Masergy 5757 W. Century Blvd. Suite 575 Los Angeles, CA, 90045	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain	<u>4091</u>
4. <sup>20</sup>	Stericycle, Inc. 2355 Waukegan Road Deerfield, IL, 60015	Line <u>3.40</u> <input type="checkbox"/> Not listed. Explain	<u>7229</u>
4. <sup>21</sup>	US Department of Revenue Central Insolvency Unit P.O. Box 7345 Philadelphia, PA, 19101	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain	<u>6935</u>
4.		Line _____ <input type="checkbox"/> Not listed. Explain	
4.		Line _____ <input type="checkbox"/> Not listed. Explain	
4.		Line _____ <input type="checkbox"/> Not listed. Explain	
4.		Line _____ <input type="checkbox"/> Not listed. Explain	
4.		Line _____ <input type="checkbox"/> Not listed. Explain	
4.		Line _____ <input type="checkbox"/> Not listed. Explain	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

		<b>Total of claim amounts</b>
5a.	<b>Total claims from Part 1</b>	5a. \$ <u>25,133.25</u>
5b.	<b>Total claims from Part 2</b>	5b. + \$ <u>1,035,414.54</u>
5c.	<b>Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c. \$ <u>1,060,547.79</u>

Fill in this information to identify the case:

Debtor name	Genesis Vascular of Pooler, LLC
United States Bankruptcy Court for the:	<u>Southern District of Georgia</u>
Case number (If known):	Chapter <u>11</u>

Check if this is an amended filing

## Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

## 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Equipment Lease Lessee	BioMedix 2025 Centre Pointe Blvd. Suite 200 Saint Paul, MN, 55120
	State the term remaining		
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	Medical Waste Contract Lessee	Stericycle, Inc. 2355 Waukegan Road Bannockburn, IL, 60015
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	State the term remaining	
		List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest	State the term remaining	
		List the contract number of any government contract	
2.5	State what the contract or lease is for and the nature of the debtor's interest	State the term remaining	
		List the contract number of any government contract	

Fill in this information to identify the case:

Debtor name Genesis Vascular of Pooler, LLCUnited States Bankruptcy Court for the: Southern District of Georgia

Case number (if known): \_\_\_\_\_

 Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	
2.1 Abraham K. Lin	Abraham K. Lin 701 Oglethorpe Trace Statesboro, GA 30458	Sea Island Bank div Syno	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Ajay Jain	Ajay Jain 1497 Fair Road Statesboro, GA 30458	Sea Island Bank div Syno	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Todd Newsom	Todd Newsom 321 East Jones Street Savannah, GA 31401	Sea Island Bank div Syno	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Leonard M. Talarico	Leonard M. Talarico Pooler Property Holdings, LLC 140 Traders Way Pooler, GA 31322	Sea Island Bank div Syno	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Howard Gale	Howard Gale 1904 Sweet Bay Cove Statesboro, GA 30458	Sea Island Bank div Syno	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 David Roland Nabert	David Roland Nabert 21056 US Hwy. 80 W. Statesboro, GA 30458	Sea Island Bank div Syno	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor
Name	Mailing address	Name
2.7 <u>Keith A. Rouse</u>	Keith A. Rouse 310 Eisenhower Drive Bldg. 7A Savannah, GA 31406	<u>Sea Island Bank div Syno</u> <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 <u>SJS Family Trust c</u>	SJS Family Trust c/o Alexis Shin Trustee 1156 Brannen Lake Road Statesboro, GA 30458	<u>Sea Island Bank div Syno</u> <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 <u>Brian A. Moogerfel</u>	Brian A. Moogerfel AKM Georgia Enterprises, LLLP 5 Mayhaw Lane Savannah, GA 31411	<u>Sea Island Bank div Syno</u> <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____	_____	_____ <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Fill in this information to identify the case and this filing:

Debtor Name	Genesis Vascular of Pooler, LLC
United States Bankruptcy Court for the:	<u>Southern District of Georgia</u>
Case number (If known):	_____

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- Amended Schedule \_\_\_\_\_*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration \_\_\_\_\_*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/04/2021  
MM / DD / YYYY

 /s/ Howard Gale, M.D.

Signature of individual signing on behalf of debtor

Howard Gale, M.D.

Printed name

Corporate Representative

Position or relationship to debtor

## Fill in this information to identify the case:

Debtor name Genesis Vascular of Pooler, LLCUnited States Bankruptcy Court for the: Southern District of Georgia

Case number (If known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2020</u> MM / DD / YYYY	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>607,212.00</u>
<b>For prior year:</b>	From <u>01/01/2019</u> MM / DD / YYYY	to	<u>12/31/2019</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>2,454,989.00</u>
<b>For the year before that:</b>	From _____ MM / DD / YYYY	to	_____ MM / DD / YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ _____

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2020</u> MM / DD / YYYY	to	Filing date	\$ <u>0.00</u>
<b>For prior year:</b>	From <u>01/01/2019</u> MM / DD / YYYY	to	<u>12/31/2019</u> MM / DD / YYYY	\$ <u>0.00</u>
<b>For the year before that:</b>	From _____ MM / DD / YYYY	to	_____ MM / DD / YYYY	\$ _____

Debtor Genesis Vascular of Pooler, LLC  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. Creditor's name _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Dr. Abe Lin Insider's name 922 Northside Drive East Statesboro, GA 30458	06/01/2019 03/01/2020	\$ 43,750.00	Medical Director
<b>Relationship to debtor</b>			
Managing Member	_____	_____	_____
<b>4.2.</b>			
Dr. Abe Lin Insider's name 922 Northside Drive East Statesboro, GA 30458	06/01/2019 03/01/2020	\$ 167,166.98	RVU - Services Rendered to Patients
<b>Relationship to debtor</b>			
Managing Member	_____	_____	_____

Debtor Genesis Vascular of Pooler, LLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____ Creditor's name _____	_____	_____	\$ _____

5.2. \_\_\_\_\_

Creditor's name _____	_____	\$ _____
-----------------------	-------	----------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
5.3. _____ Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- \_\_\_\_\_

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Boston Scientific Corporation v. Genesis Vascular of Pooler, LLC	Complaint	State Court of Chatham County	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number STCV20-00373	GA		

Case title
7.2. United States of America, ex rel. E. Jerry Cohn, Jr., M.D. and Sharon Bell, State of Georgia, ex rel. E. Jerry Cohn.

Court or agency's name and address
U.S. District Court

Pending
<input checked="" type="checkbox"/>
On appeal
<input type="checkbox"/>
Concluded
<input type="checkbox"/>

Case number Complaint - False Claim	GA
--	----

4:18-cv-128

Debtor Genesis Vascular of Pooler, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	
Case number	Name	
_____	_____	
Date of order or assignment	_____	
_____	_____	

#### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name	_____	_____	\$ _____
	_____	_____	\$ _____
Recipient's relationship to debtor			_____
9.2. Recipient's name	_____		\$ _____
	_____		\$ _____
Recipient's relationship to debtor			_____

#### Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
_____	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	_____	\$ _____
_____	_____		

Debtor \_\_\_\_\_  
 Genesis Vascular of Pooler, LLC  
 Name \_\_\_\_\_  
 Case number (if known) \_\_\_\_\_

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Merrill & Stone, LLC _____ Address Post Office Box 129 Swainsboro, GA 30401		05/15/2020	\$ 21,717.00

Email or website address  
\_\_\_\_\_  
\_\_\_\_\_

Who made the payment, if not debtor?  
\_\_\_\_\_  
\_\_\_\_\_

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____		_____	\$ _____

Email or website address  
\_\_\_\_\_  
\_\_\_\_\_

Who made the payment, if not debtor?  
\_\_\_\_\_  
\_\_\_\_\_

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee _____ _____		_____	\$ _____

Debtor  
Name  
Genesis Vascular of Pooler, LLC

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. \_\_\_\_\_ \$ \_\_\_\_\_

Address

Relationship to debtor

Who received transfer?

\_\_\_\_\_ \$ \_\_\_\_\_

13.2. \_\_\_\_\_

Address

Relationship to debtor

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
---------	--------------------

14.1. From \_\_\_\_\_ To \_\_\_\_\_

14.2. From \_\_\_\_\_ To \_\_\_\_\_

Debtor \_\_\_\_\_  
 Genesis Vascular of Pooler, LLC  
 Name \_\_\_\_\_  
 Case number (if known) \_\_\_\_\_

### Part 8: Health Care Bankruptcies

#### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

##### Facility name and address

##### Nature of the business operation, including type of services the debtor provides

##### If debtor provides meals and housing, number of patients in debtor's care

15.1. \_\_\_\_\_

Facility name \_\_\_\_\_

##### Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

##### How are records kept?

Check all that apply:

- Electronically
- Paper

##### Facility name and address

##### Nature of the business operation, including type of services the debtor provides

##### If debtor provides meals and housing, number of patients in debtor's care

15.2. \_\_\_\_\_

Facility name \_\_\_\_\_

##### Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

##### How are records kept?

Check all that apply:

- Electronically
- Paper

### Part 9: Personally Identifiable Information

#### 16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. Patient Information

Does the debtor have a privacy policy about that information?

- No
- Yes

#### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan \_\_\_\_\_

Employer identification number of the plan \_\_\_\_\_

EIN: \_\_\_\_\_

Has the plan been terminated?

- No
- Yes

Debtor Genesis Vascular of Pooler, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. _____ Name _____	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Address

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Address

Debtor Genesis Vascular of Pooler, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____			\$ _____

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor Genesis Vascular of Pooler, LLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name _____	EIN: _____	<b>Dates business existed</b>
	From _____	To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. _____ Name _____	EIN: _____	<b>Dates business existed</b>
	From _____	To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. _____ Name _____	EIN: _____	<b>Dates business existed</b>
	From _____	To _____

Debtor Genesis Vascular of Pooler, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address		Dates of service
26a.1. <u>Genesis HealthCare Management</u> Name 575 North Route 73, Suite A6, West Berlin, NJ 08091		From <u>12/01/2014</u> To <u>10/31/2019</u>

Name and address		Dates of service
26a.2. <u>Dr. Abe Lin</u> Name		From <u>10/01/2019</u> To <u>10/31/2020</u>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address		Dates of service
26b.1. <u>Robin Tanner, TJS Deemer Dana</u> Name 118 Park of Commerce, Suite 200, Savannah, GA 31405		From <u>08/01/2017</u> To <u>08/01/2017</u>

Name and address		Dates of service
26b.2. _____ Name _____		From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address		If any books of account and records are unavailable, explain why
26c.1. <u>James and Barbara O'Dare</u> Name 575 RT 73 North, Suite A-6, West Berlin, NJ 08091		They still retain the official debtor books up to October 2019.

Debtor Genesis Vascular of Pooler, LLC \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

**Name and address****If any books of account and records are unavailable, explain why**26c.2. Andy Ashton, CPA

Name \_\_\_\_\_

Doctors Management, 10401 Kingston Pike, Knoxville, TN 37922

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**

26d.1. \_\_\_\_\_

Name \_\_\_\_\_

**Name and address**

26d.2. \_\_\_\_\_

Name \_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

Jana Bevill \_\_\_\_\_

\$ 68,781.98 \_\_\_\_\_

**Name and address of the person who has possession of inventory records**27.1. Genesis Vascular of Pooler, LLC

Name \_\_\_\_\_

1000 Towne Center Blvd.  
Building 400  
Pooler, GA 31322

Debtor Genesis Vascular of Pooler, LLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

Name and address of the person who has possession of inventory records
--

27.2. \_\_\_\_\_  
 Name \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
AKM Georgia Enterprises, LLLP	5 Mayhaw Lane, Savannah, GA 31411		4.00
C3 of Bulloch, Inc.	701 Oglethorpe Trace, Statesboro, GA 30458		40.00
Dr. Todd Newsom	321 East Jones Street, Savannah, GA 31401		10.00
Pooler Property Holdings, LLC	c/o Dr. Leonard Talarico 140 Traders Way, Pooler, GA 31322		7.00
Dr. Howard Gale	1904 Sweet Bay Cove, Statesboro, GA 30458		10.00

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Dr. Abe Lin Name 922 Northside Drive East Statesboro, GA 30458	22,201.90	03/01/2020	RVU - Services Rendered to Patients

Relationship to debtor
------------------------

Managing Member
-----------------

Debtor Genesis Vascular of Pooler, LLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

<b>Name and address of recipient</b>		18,750.00	06/01/2019	Medical Director
30.2	Dr. Abe Lin		07/01/2019	
	Name 922 Northside Drive East Statesboro, GA 30458		08/01/2019	
<b>Relationship to debtor</b>				
	Managing Member			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

No  
 Yes. Identify below.

<b>Name of the parent corporation</b>	<b>Employer Identification number of the parent corporation</b>
_____	EIN: _____

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No  
 Yes. Identify below.

<b>Name of the pension fund</b>	<b>Employer Identification number of the pension fund</b>
_____	EIN: _____

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/04/2021  
MM / DD / YYYY

 /s/ Howard Gale, M.D.

Printed name Howard Gale, M.D.

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Corporate Representative

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

No  
 Yes

Continuation Sheet for Official Form 207

## 7) Legal Actions

Nextgen Healthcare Information Systems, LLC, a California Limited Liability Company, formerly known as Nextgen Healthcare Information Systems, Inc. v. Genesis Vascular of Pooler, LLC, a Delaware Limited Liability Company, dba Does 1-100, inclusive

30-2018-01016540-CU-BC-CJC

Complaint

Superior Court of the State of California for the County of Orange, Central Justice Center

CA

Pending

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## 26a) Bookkeepers

Andy Ashton, CPA	Doctors Management, LLC, 10401 Kingston Pike, Knoxville, TN 37922	10/01/2019	10/31/2020
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## 28) Additional people in control of the debtor at the time of the filing of this case

Dr. Todd Becker	7618 Banks Dairy Road, Statesboro, GA 30458	7.00
Dr. David Roland Nabert	21056 U.S. Hwy. 80 W., Statesboro, GA 30458	5.00
SJS Family Trust	c/o Alexis Shin, Trustee 1156 Brannen Lake Road, Statesboro, GA 30458	5.00
Genesis Vascular, LLC	575 Rt. 73 North Suite A-6, West Berlin, NJ 08091	12.00
Tenacity Consultants	509 Wicklowe Place, Acworth, GA 30102	1.00
Michael Micheli	11 Argyle Road, Port Chester, NY 10573	1.00

## 30) Payments, distributions, or withdrawals credited or given to insiders

## Name and Address:

Dr. Abe Lin

922 Northside Drive East

**Continuation Sheet for Official Form 207****Statesboro, GA 30458****Amount of money or description: \$18,750.00****Dates: 09/01/2019, 09/01/2019, 11/01/2019****Reason: Medical Director**

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**Name and Address:****Dr. Abe Lin****922 Northside Drive East  
Statesboro, GA 30458****Amount of money or description: \$18,750.00****Dates: 12/01/2019, 12/01/2019, 02/01/2020****Reason: Medical Director**

---

**Name and Address:****Dr. Abe Lin****922 Northside Drive East  
Statesboro, GA 30458****Amount of money or description: \$6,250.00****Dates: 03/01/2020, 03/01/2020, -****Reason: Medical Director**

---

**Name and Address:****Dr. Abe Lin****922 Northside Drive East  
Statesboro, GA 30458****Amount of money or description: \$69,715.64****Dates: 06/01/2019, 06/01/2019, 08/01/2019****Reason: RVU - Services Rendered to Patients**

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**Name and Address:****Dr. Abe Lin****922 Northside Drive East**

**Continuation Sheet for Official Form 207**

**Statesboro, GA 30458**

**Amount of money or description: \$75,249.44**

**Dates: 09/01/2019, 09/01/2019, 11/19/2019**

**Reason: RVU - Services Rendered to Patients**

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## United States Bankruptcy Court

IN RE:

Genesis Vascular of Pooler, LLC

Case No. \_\_\_\_\_

Chapter 11**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
AKM Georgia Enterprises, LLLP 5 Mayhaw Lane, Savannah, GA 31411	4.00	Other (Member)
C3 of Bulloch, Inc. 701 Oglethorpe Trace, Statesboro, GA 30458	40.00	Managing member
Dr. Todd Newsom 321 East Jones Street, Savannah, GA 31401	10.00	Other (Member)
Pooler Property Holdings, LLC c/o Dr. Leonard Talarico 140 Traders Way, Pooler, GA 31322	7.00	Other (Member)
Dr. Howard Gale 1904 Sweet Bay Cove, Statesboro, GA 30458	10.00	Other (Member)
Dr. Todd Becker 7618 Banks Dairy Road, Statesboro, GA 30458	7.00	Other (Member)

## United States Bankruptcy Court

IN RE:

Genesis Vascular of Pooler, LLC

Case No. \_\_\_\_\_

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Dr. David Roland Nabert 21056 U.S. Hwy. 80 W., Statesboro, GA 30458	5.00	Other (Member)
SJS Family Trust c/o Alexis Shin, Trustee 1156 Brannen Lake Road, Statesboro, GA 30458	5.00	Other (Member)
Genesis Vascular, LLC 575 Rt. 73 North Suite A-6, West Berlin, NJ 08091	12.00	Other (Member)
Tenacity Consultants 509 Wicklowe Place, Acworth, GA 30102	1.00	Other (Class B Member)
Michael Micheli 11 Argyle Road, Port Chester, NY 10573	1.00	Other (Class B Member)

United States Bankruptcy Court  
Southern District of Georgia

In re: Genesis Vascular of Pooler, LLC

Case No.

Chapter 11

Debtor(s)

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 01/04/2021

/s/ Howard Gale, M.D.

Signature of Individual signing on behalf of debtor

Corporate Representative

Position or relationship to debtor

A.S.R.S. Inc.  
Post Office Box 14651  
Savannah, GA 31416

AngioDynamics Finance  
7808 Creekridge Circle  
Suite 250  
Minneapolis, MN 55439

Abbott Laboratories, Inc.  
100 Abbott Park Road  
North Chicago, IL 60064-3500

AngioDynamics, Inc.  
Post Office Box 1549  
Albany, NY 12201-1549

Abbott Laboratories, Inc.  
22400 Network Place  
Chicago, IL 60673-1224

BioMedix  
2025 Centre Pointe Blvd.  
Suite 200  
Saint Paul, MN 55120

Abbott Vascular  
75 Remittance Drive  
Suite 1138  
Chicago, IL 60675-1138

Boston Scientific Corporation  
Post Office Box 786205  
Philadelphia, PA 19178-6205

Abraham K. Lin  
701 Oglethorpe Trace  
Statesboro, GA 30458

Boston Scientific Corporation  
100 Boston Scientific Way  
Marlborough, MA 01752

Access Receivables  
11350 McCormick Road, EPIII  
Suite 800  
Hunt Valley, MD 21031

Bracco Diagnostics, Inc.  
Post Office Box 978952  
Dallas, TX 75397-8952

Advance Medical Designs, Inc.  
1241 Atlanta Industrial Drive  
Marietta, GA 30066

Brian A. Moogerfeld  
AKM Georgia Enterprises, LLLP  
5 Mayhaw Lane  
Savannah, GA 31411

Ajay Jain  
1497 Fair Road  
Statesboro, GA 30458

C-III, Godley Station  
c/o C-III Asset Management, LLC  
5221 N. O'Connor Blvd., Ste. 600  
Irving, TX 75039

All About Medical Transport  
1306 Heidt Avenue  
Suite D  
Savannah, GA 31408

C-III, Godley Station  
c/o NAI Mopper Benton  
1400 W. Northwood  
Greensboro, NC 27408

AMI Healthcare Management  
19785 Crystal Rock Drive  
Suite 307  
Germantown, MD 20874

Cardinal Health  
Post Office Box 13862  
Newark, NJ 07188-0862

Angio Advancements, LLC  
Post Office Box 7125  
Fort Myers, FL 33911

Cardiovascular Systems, Inc.  
Dept. CH 19348  
Palatine, IL 60055-9348

Angio Advancements, LLC  
134 S. Charles Richard Beall Blvd.  
Debary, FL 32713

CCC of NY  
Post Office Box 288  
Tonawanda, NY 14151-0288

David J. Gengler, Esq.  
4650 N. Port Washington Road  
Washington Bldg., 2nd Floor  
Milwaukee, WI 53212-1059

Change Healthcare  
Post Office Box 572490  
Murray, UT 84157-2490

David Roland Nabert  
21056 US Hwy. 80 W.  
Statesboro, GA 30458

Change Healthcare  
5995 Windward Parkway  
MSTP 4901  
Alpharetta, GA 30005

DRJRD, LLC  
1321 Chuck Dawley Blvd.  
Suite 102  
Mount Pleasantor Pooler, SC 29464-6131

Charles C. Grile, Esq.  
Attorney At Law  
Post Office Box 663  
Pooler, GA 31322

E. Jerry Cohn, Jr., M.D. & Sharon Bell  
c/o James D. Durham, Esq.  
102 East Liberty Street  
Savannah, GA 31401

Chatham County Board of Assessors  
Post Office Box 9786  
Savannah, GA 31412-9786

eClinicalWorks  
Post Office Box 847950  
Boston, MA 02284-7950

Chatham County Personal Property  
Post Office Box 6582  
Carol Stream, IL 60197-6582

eClinicalWorks  
Two Technology Drive  
Westborough, MA 01581

Chatham County Tax Commissioner  
222 W. Oglethorpe Avenue  
Suite 107  
Savannah, GA 31401

Embark Properties VII, LLC  
7 Dockside Drive  
Savannah, GA 31410

Chatham County Tax Commissioner  
Post Office Box 9827  
Savannah, GA 31412

Farmer Insurance  
Post Office Box 1139  
Draper, UT 84020-1139

City of Pooler  
100 US Highway 80 SW  
Pooler, GA 31322-2530

Farmers Insurance  
6301 Owensmouth Avenue  
Woodland Hills, CA 91367

Collection Agency  
Post Office Box 17221  
Wilmington, DE 19850

Farmers Insurance  
Post Office Box 4665  
Carol Stream, IL 60197-4665

Crowder Stewart, LLP  
Post Office Box 160  
Augusta, GA 30903

Genesis Healthcare Management  
575 Rt. 73 North Suite A6  
West Berlin, NJ 08091

CT Corporation  
Post Office Box 4349  
Carol Stream, IL 60197-4349

Georgia Power  
96 Annex  
Atlanta, GA 30396-0001

Georgia Power  
BIN #10102  
241 Ralph McGil Blvd.  
Atlanta, GA 30308-3374

Masergy  
5757 W. Century Blvd.  
Suite 575  
Los Angeles, CA 90045

Greenberg, Grant & Richards, Inc.  
Corporate Headquarters  
5858 Westheimer Rd, Suite 500  
Houston, TX 77057

Masergy Cloud Communications, Inc.  
Post Office Box 733939  
Dallas, TX 75373-3939

Hargray  
Post Office Box 2000  
Hilton Head Island, SC 29938-2000

Medtronic  
4642 Collection Center Drive  
Chicago, IL 60693-0046

Hargray Remittance Center  
Post Office Box 100116  
Columbia, SC 29202-3116

Merit Medical  
Post Office Box 204842  
Dallas, TX 75320-4842

Heritage Business Systems, Inc.  
Post Office Box 684  
Pennsauken, NJ 08110

Momentum Digital, LLC  
1010 N. Hancock Street  
Philadelphia, PA 19123

Howard Gale  
1904 Sweet Bay Cove  
Statesboro, GA 30458

Morris, Manning & Martin, LLP  
1600 Atlanta Financial Center  
3343 Peachtree Road, NE  
Atlanta, GA 30326-1044

Internal Revenue Service  
Ogden, UT 84201-0102

Morris, Manning & Martin, LLP  
24 Drayton Street  
Suite 712  
Savannah, GA 31401

J.S. Braddock Agency  
22 North Main Street  
Medford, NJ 08055

Nextgen Healthcare Information Systems, LLC f  
c/o Paul N. Andonian, Esq.  
159810 Ventura Blvd., 12th Floor  
Encino, CA 91436

Kabat Chapman & Ozmer, LLP  
171 17th Street, NW  
Suite 1550  
Atlanta, GA 30363

Pepper Hamilton, LLP  
19th Floor, High Street Tower  
125 High Street  
Boston, MA 02110-2736

Keith A. Rouse  
310 Eisenhower Drive  
Bldg. 7A  
Savannah, GA 31406

Primepoint, LLC  
2 Springside Road  
Mount Holly, NJ 08060

Leonard M. Talarico  
Pooler Property Holdings, LLC  
140 Traders Way  
Pooler, GA 31322

Real Op Investments  
504 Rhett Street  
Suite 200  
Greenville, SC 29601

Sci Image  
4916 El Camino Real  
Suite 200  
Los Altos, CA 94022

Todd Newsom  
321 East Jones Street  
Savannah, GA 31401

Sea Island Bank div Synovus Bank  
1148 Broadway  
Columbus, GA 31901

Trilogy Medwaste Southeast, LLC  
8554 Katy Freeway  
Suite 200  
Houston, TX 77024

SJS Family Trust c/o Alexis Shin Trustee  
1156 Brannen Lake Road  
Statesboro, GA 30458

Trotter Jones, LLP  
3527 Walton Way Ext.  
Augusta, GA 30909-1821

Stericycle, Inc.  
Post Office Box 6582  
Carol Stream, IL 60197-6582

Uber  
HQ 1455 Market Street #400  
San Francisco, CA 94103

Stericycle, Inc.  
2355 Waukegan Road  
Deerfield, IL 60015

US Department of Revenue  
Central Insolvency Unit  
P.O. Box 7345  
Philadelphia, PA 19101

Stericycle, Inc.  
2355 Waukegan Road  
Bannockburn, IL 60015

Wellcare of Georgia, Inc.  
Attn: Claim Refunds  
Post Office Box 8500-7296  
Philadelphia, PA 19178-7296

STUDIO27 Print & Design  
1 Parker Avenue  
Suite 3306  
Philadelphia, PA 19128

ZOG, Inc.  
595 Bethlehem Pike  
Suite 404  
Montgomeryville, PA 18936

Sunshine Communication Services  
159 Madeira Avenue  
Miami, FL 33134

Synovus Bank  
ODP Dept.  
Post Office Box 120  
Columbus, GA 31901

Terumo  
Post Office Box 930299  
Atlanta, GA 31193-0299

The Corland Group  
Post Office Box 2357  
Waycross, GA 31502

The Spectranetics Corp/Phillips  
Dept. CH 19038  
Palatine, IL 60055-9038

# United States Bankruptcy Court

Southern District of Georgia

**In re** Genesis Vascular of Pooler, LLC

Case No. \_\_\_\_\_

**Debtor**

Chapter <sup>11</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept ..... \$ .....  
Prior to the filing of this statement I have received ..... \$ .....  
Balance Due. .... \$ .....

RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ <sup>20,000.00</sup>  
The undersigned shall bill against the retainer at an hourly rate of ..... \$ <sup>285.00</sup>  
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  
Plus \$285.00 per hour for additional related work or such other rate is allowed by the Court.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/04/2021

/s/ Jon Levis, 448848

*Date*

*Signature of Attorney*

Merrill & Stone LLC

*Name of law firm*  
Post Office Box 129  
Swainsboro, GA 30401  
478-237-7029  
levis@merrillstone.com